HOUSING AND HEALTH: CONCLUSIONS AND CHALLENGES FOR THE FUTURE*

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FOR TWO DAYS this workshop has examined the relationship between housing and health. We have studied the origins of the widespread increase in homelessness and deficient housing that occurred during the 1980s. We have reviewed the health effects of the housing crisis. We have considered strategies for rebuilding and nurturing healthy communities.

I shall summarize this discussion and encapsulate the recommendations for remedial action developed at this workshop.

At the beginning of the workshop, David Harris, chairman of the Committee on Public Health of the New York Academy of Medicine, assigned us five objectives: to define the magnitude of the problem of inadequate housing and to describe its demographics; to identify the causes of the problem; to consider the consequences of the housing crisis on individuals and on the community; to develop strategies for intervention and prevention; and to devise mechanisms to convey our findings and our strategic recommendations to policy makers.

A particular concern for children has run through the deliberations of this workshop. This concern reflects the fact that children are the most rapidly growing segment of the inadequately housed population in New York City, and they are a segment of the population uniquely vulnerable to the health hazards of inadequate housing.

THE NATURE AND EXTENT OF THE PROBLEM OF DEFICIENT HOUSING

There is no question that the number of people in deficient housing increased substantially during the 1980s. The inadequately housed population can be divided into four subgroups: the homeless; people in sheltered hous-

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ing; people inadequately housed; and people precariously housed. Interchanges occur among these populations as families who are doubled or tripled up move out, or as families eking out a precarious income are afflicted by illness or injury. We have been informed that doubling-up occurs in as many as 30 to 40% of all public housing units in the United States.

The demographic features of the homeless population changed substantially in the 1980s. No longer are single men the majority of the homeless population. Instead, approximately 70% of the homeless are now women, children, and families. Moreover, the poor are becoming poorer and more people previously in the middle class are falling into the ranks of the poor and precariously housed. Dr. Kim Hopper made the point that because of their increasing numbers and changing demographics, the inadequately housed have become a much more diverse and visible population than they were five years ago.

CAUSES OF THE PROBLEM

The workshop considered the causes of the housing crisis in detail. An absolutely fundamental cause is that the number of affordable housing units has decreased. The Honorable Ruth Messinger, Borough President of Manhattan, noted that tax policies have contributed to this decline. Dr. Bailus Walker observed that not only has the number of affordable housing units decreased, but that almost no replacement of those affordable units has occurred. Such replacement as is proceeding is economically up-scale gentrified housing aimed at the middle and upper classes.

Decrease in the real income of the poor is a second cause of the housing crisis. The minimum wage was constant throughout virtually all the 1980s despite constant inflation. Thus, the purchasing power of the poor has eroded.

Inadequate care for the mentally ill is another contributing cause to the housing crisis. The deinstitutionalization of the mentally ill was a sound idea in theory, but deinstitutionalization was always intended to be only half of the remedy. The other half, never adequately realized, was to have been a network of community mental health centers. In the original plan, the deinstitutionalized mentally ill were to have received counseling and outpatient medication at these centers. Unfortunately, these centers were not established. As a result, the deinstitutionalized mentally ill were frequently left without care and became members of the inadequately housed population.

Contagious urban decay, characterized by burnout and by desertification of the city, has been an important cause of homelessness. Dr. Rodrick Wallace spoke in elegant detail about these issues. He described how the planned withdrawal of services such as fire protection and garbage services from

certain areas of the city has produced rapid burnout, destruction, and abandonment of those areas, until finally there is nothing left.

Forced migration is a consequence of urban burnout. Forced migration results in the destruction of friendship links and neighborhood networks. Associated with family disintegration and with disintegration of community resources, it may contribute powerfully and directly to the health consequences of homelessness and inadequate housing.

HEALTH CONSEQUENCES OF INADEQUATE HOUSING

A long series of adverse medical and health consequences have resulted from the housing crisis. There is increased incidence of a range of diseases, including respiratory infections, tuberculosis, measles, shigella dysentery, childhood lead poisoning, and AIDS.

Low birth weight among infants and increased rates of infant mortality are additional consequences of the housing crisis. As Dr. Struening discussed, among the most disadvantaged people in New York City the infant mortality rate is approximately 24 per thousand live births. Such a rate implies that 2.4% of all live born children in these communities die. By contrast, in some of our most affluent neighborhoods among groups who enjoy the best prenatal care and best hospitalization of mother and child at the time of birth, the infant mortality rate is only 3 to 4 per 1,000. This difference of an almost 10-fold rate in infant mortality is enormous and socially insupportable.

Stunted childhood development is a further longer-term consequence of the social and biological disruption associated with inadequate housing. Children born of inadequately housed mothers are ill-favored at birth, receive fewer advantages during early childhood, and, as Dr. San Augustin emphasized, they may be sicker. Perpetuation of the cycle of poverty is a high risk among these children. Childhood lead poisoning adds to and compounds these problems and further impedes normal development.

CONSEQUENCES OF THE HOUSING CRISIS ON COMMUNITIES

Loss of communities and of urban infrastructure is a major consequence of the housing crisis. Loss of housing units is accompanied by the loss of shops and services, both the so-called "soft" as well as the "hard" components of the urban infrastructure. Thus, accompanying the loss of housing units is a loss of fire stations, police stations, libraries, bus routes, neighborhood clubs, and friendship networks.

Social disruption is a consequence of this disruption of the infrastructure. Several speakers, such as Dr. Robert Sampson, have spoken about the direct linkages between this sort of social disruption and increased incidence of

crime and drugs. Increases in crime and drug use lead to more disease among already disrupted communities and thence to further disruption of the infrastructure.

COMPONENTS OF REBUILDING

The rebuilding of houses is an essential first step in the rebuilding of shattered communities and is a *sine qua non* for addressing the housing crisis. It is simply not possible to house the homeless in the absence of housing.

Simultaneously, however, there must occur a rebuilding of communities. There is need for sustained commitment by cities and policy makers to rebuild shattered communities and to house the homeless. Moreover, as Dr. David Chavis emphasized, it is extraordinarily important that this rebuilding process be participatory. Members of the affected communities must themselves be consulted in the process of planning and rebuilding. They must share in the rebuilding process and they must have a sense of ownership of the rebuilt community. If such a sense of ownership is not engendered, and if the energy of the people is not tapped in the rebuilding, then the effort will likely not be successful.

Some specific interventions which are participatory in nature and which have been used successfully in New York and other cities include the following: resident management of apartment buildings; tenant buy-outs; rehabilitation of existing housing units in viable neighborhoods; formation of tenant associations; dispersal of newly constructed housing into established neighborhoods so that the very poor are not clumped together in marginal areas; and strict enforcement of housing codes as a means of preventing the deterioration of housing stock.

Politics is an extraordinarily important component of the rebuilding process. Ruth Messinger stressed that the political energy of the community must be mobilized. Here in the 1990s we stand at an important political juncture in the life of New York City. A new mayor has taken office. The participants in this workshop sincerely hope that the 1990s will be remembered as the decade in which the energy of the people was mobilized and the housing crisis of the 1980s corrected.

I would like to conclude with a quotation from Joseph Califano, former Secretary of the Department of Health, Education and Welfare, who wrote in his autobiography that "Of course, those who govern will make mistakes. Plenty of them. But we should not fear failure. What we should fear above all is the judgment of God and the judgment of history if we, the most affluent people on earth, free to choose to act as we wish, choose not to govern justly,

choose not to distribute our riches fairly and to help the most vulnerable among us, or worse yet, choose not even to try.''

The challenge before us today is to take the advice of this workshop and to take advantage of this time of transition in the life of our city to try to solve the housing crisis. The New York Academy of Medicine continues to stand ready to help in this endeavor.